RI SOS Filing Number: 202573559750 Date: 5/20/2025 4:00:00 PM

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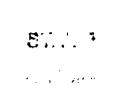
State of Rhode Island

Department of State - Business Services Division:

Annual Report for the year: 2025 **Non-Profit Corporation**

→ Filing period: February 1 - May 1





→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.						
1. Entity ID Number 27786	2. Exact name of the Corporation Saint Antoine Residence					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Religious, charitable and educational activities.					
4. NAICS Code 813110						
6. Principal Office Address			City Providence	State	Zip	
One Cathedral Square	athedral Square			RI	02903	
7. List ALL officers (names and add		Check the box to indicate an attachment 🗸				
President Name Most Rev. Bruce A. Lewandowski C.Ss.R			Vice-President Name Rev. Msgr. Albert A. Kenney			
Street Address One Cathedral Square			Street Address One Cathedral Square			
^{City} Providence	State RI	^{Zip} 02903	City Providence	State RI	Zip 02903	
Secretary Name Rev. Timothy D. Reilly			Treasurer Name Most Rev. Bruce A. Lewandowski C.Ss.R			
Street Address One Cathedral Square			Street Address One Cathedral Square			
^{City} Providence	State RI	^{Zip} 02903	^{City} Providence	State RI	^{Zip} 02903	
8. List ALL directors (names and a	ddresses). RI Com	orations MUST lis		e box to indicate an	attachment 🗸	
Director Name Most Rev. Bruce A. Lewandowski C.Ss.R			Director Name Rev. Msgr. Albert A. Kenney			
Street Address One Cathedral Square			Street Address One Cathedral Square			
City Providence	State RI	^{Zip} 02903	^{City} Providence	State RI	Zip 02903	
Director Name Rev. Timothy D. Reilly			Director Name Laura Dos Santos			
Street Address One Cathedral Square			Street Address One Cathedral Square			
^{City} Providence	State RI	^{Zip} 02903	^{City} Providence	State RI	Zip 02903	
9. The Registered Agent information	on of record with th	e RI Department o	of State is accurate. Changes require	filing Form 641.	1	
Under penalty of perjury, I decla statements, and that all stateme			this report, including any accomposite correct.	panying schedul	es and	
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative Date:					125	
Rev. Timothy D. Reilly, Secretary						
Signature of Officer/Authorized Représentative						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

Saint Antoine Residence

27786

ADDITIONAL OFFICER:

Assistant Treasurer

Laura Dos Santos One Cathedral Square Providence, RI 02903

ADDITIONAL DIRECTORS:

James Jahnz One Cathedral Square Providence, RI 02903